

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Dila State Index No. 176
District of _____ County Registrar No. 241
Town of Miami or _____ Local Registrar No. _____
City of _____ No. 13 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Perez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 5 6. Legitimate? yes 7. Date of birth March 26-1924
Month Day Year

8. FATHER Full name <u>Felez Perez</u>		14. MOTHER Full maiden name <u>Cleta Vargas</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Jalisco, Mex</u> (State or country)		18. Birthplace (city or place) <u>Jalisco, Mex</u> (State or country)	
13. Occupation Nature of industry <u>Laborer</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>2</u> (c) Stillborn _____ (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at D.A. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. M. Cron M.D. Address Miami, Arizona
Physician or midwife

Given name added from supplemental report _____ Month, day, year. _____
Registrar. _____

Filed March 31 1924 C. E. Swin Local Registrar.
Filed 4-5 1924 B. L. H. 107 County Registrar.

479-326-352